

# DELAWARE HEALTH STATISTICS CENTER

## APPLICATION FOR LIMITED DATA FILES

(FOR USE BY DIVISION OF PUBLIC HEALTH SECTIONS/PROGRAMS)

Limited data do not contain personal identifiers, such as name and social security numbers, but they do contain more identifiers than public-use data that has been stripped of the 18 identifiers, such as city, zip code, census tract, elements of dates relegated to a person, and other unique characteristics.

<b>Name:</b>		<b>Date:</b>
<b>Title:</b>		<b>Section or Office:</b>
<b>Street Address:</b>		<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>	<b>Phone:</b>
<b>Email Address:</b>		

<b>DATA REQUESTED</b>
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<b>File Type</b>	<input type="checkbox"/> Live Births	<input type="checkbox"/> Deaths	<input type="checkbox"/> Fetal Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
<b>Year(s) Requested</b>	<b>File format</b> <input type="checkbox"/> ASCII text <input type="checkbox"/> SPSS <input type="checkbox"/> Excel				
<b>Variables Requested</b>					
<b>Proposed Research Project (Describe how data files will be used, stored, and protected. Specify how long data will be stored and used for the research project, and how files will be expunged at project completion. Attach additional sheets as necessary.)</b>					

<b>User Names (List all users who will have access to the requested data files).</b>

## Limited Data User's Agreement

I, the undersigned, in accordance with Delaware law, agree to the following terms and conditions related to this application and the use of the information obtained from the Delaware Health Statistics Center (DHSC).

I agree not to sell, release, or otherwise transfer the files, or any portion thereof, provided under this agreement. I agree that the data obtained from the DHSC will be used only for the project proposed and the purposes described in this application. Use of the information for purposes other than those described will not be undertaken until a separate application form for the project has been submitted to, and approved by, the DHSC.

I agree to maintain the data in a secure manner, and to destroy or return the data to the DHSC following their described use. I agree that no attempt will be made to link the files provided by the DHSC with other files so as to identify an individual's confidential data.

I further agree to the following for any material derived from these vital statistics files:

1. No statement shall be made indicating or suggesting that interpretations drawn from the vital statistics data files are those of the Delaware Health Statistics Center.
2. If cited in a publication or presentation, the source of the data will be acknowledged as the Delaware Vital Statistics Data, Delaware Health Statistics Center, Division of Public Health, Delaware Health and Social Services.

User's Signature:

Date:

Printed Name:

Title:

### Delaware Health Statistics Center (DHSC) Use Only

Application complete:

Date:

DHSC Authorization:

Please mail the completed application to the following address:

**Delaware Health Statistics Center  
Attn: Barbara Gladders  
417 Federal Street  
Dover, DE 19901**

Phone: (302) 744-4541 Fax: (302) 739-4784



**DELAWARE HEALTH AND SOCIAL SERVICES**  
Division of Public Health